

3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340

VACATION/TERMINATION OF NOTICE OF VIOLATION/CESSATION ORDER

To the following Permittee or Operator:					
Name Genwal Resources, Inc. Cra	ndall Canyon Mine				
Mailing Address P.O. Box 1420 Huntington, UT 84528					
State Permit No. ACT/015/032					
Utah Coal Mining & Reclamation Act, Section 40-10-1 et seq., Utah Code Annotated (1953):					
Notice of Violation No. N98-45-2-1	dated <u>July 7</u> , 19	9 <u>98</u> .			
Cessation Order No. C	dated, 19	·			
Part $\underline{}$ of $\underline{}$ is $\underline{\overset{\mathbf{Y}}{\square}}$ vacated $\underline{}$ terminated because $\underline{}$ additional information obtained					
from operator documenting soil salvage a	ctivities.	, 			
Part of is □ vacated □ terminated become					
Part of is vacated terminated because					
Date of service/mailing <u>July 9, 1998</u>	Time of service/mailing <u>12:00</u>	. 🗆 a.m. X I p.m.			
Gary Gray Permittee/Operator representative	Title				
Mailed From SLC Office Signature					
Robert Davidson	Reclamation Soil Scientis	t			
Division of Oil Gas & Mining Signature	Title				





WHITE-DOGM YELLOW-OSM PINK-PERMITTEE/OPERATOR GOLDENROD-NOV FILE

(Eara charge) Article Addressed to:	t the reverse side. Failure to do this will prevent thus tee will provide you the name of the person delivered tollowing services are available. Consult postmaster is requested. See a address. 2. Restricted Delivery (Eura charge)
CARY GRAY	4. Article Number Z. 230, 747, 335
CENWAL RESOURCES INC DO BOX 1420	Type of Service: Registered Insured
EUNTINGTON LT 84528	Cartified COD : CO
	Always obtain signature of addressee or egent and DATE DELIVERED.
, Signature → Address	8. Addressee's Address (ONLY if requested and fee paid)
Gigneture - Agent /	effective and the second of th
Date of Delivery	

VACATION		Z 230 7 7 7 7 10 US Postal Service Receipt for Cer No Insurance Coverage	tified Mail	
ACT/015/032 N98-45-2-1		Do not use for International Mail (See reverse) Sent to GARY GRAY		
-45-		Street & Number PO BOX 1420		
868		Post Office, State, & ZIP Cod HUNTINGTON U	DT 84528	
22		Postage	\$	
5/03		Certified Fee		
/01		Special Delivery Fee		
ZŢ		Restricted Delivery Fee		
7 86/	1995	Return Receipt Showing to Whom & Date Delivered		
6.	Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	/	
	3	TOTAL Postage & Fees	\$	
	PS Form 3	Postmark or Date		

Stick postage stamps to article to cover First-Class postage, certified mail fee, and charges for any selected optional services (See front).

- 1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier (no extra charge).
- 2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach, and retain the receipt, and mail the article.
- 3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gurdened ends if space permits. Otherwise, affix to back of article. Endorse front of article RETURN RECEIPT REQUESTED adjacent to the number.
- 4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
- 5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
- 6. Save this receipt and present it if you make an inquiry.

102595-97-B-0145

PS Form 3800, Apr. 195 (Reverse)

SALTLAKEO